Mohave County Attorney Victim/Witness Program Volunteer Opportunities

The Mohave County Attorney Victim/Witness Program has several exciting volunteer opportunities. These opportunities include volunteering in an office setting, attending court hearings or joining our Crisis Response Team. Training will be provided, and no previous experience is required.

Volunteering in an office setting would include inputting information into computer systems, answering incoming calls and completing general office work.

Attending Court hearings would include attending various court hearings on behalf of victims of crimes. Training will be provided to understand each legal proceeding and how to input the information into the computer system.

Joining our Crisis Response Team which operates 24 hours a day, seven days a week to provide immediate assistance to victims of crimes on scene with law enforcement. Training will be provided to include immediate crisis assistance, emotional support, and information regarding referrals to local providers. The Crisis Response Team will provide immediate response and our highly trained Victim Advocates will then assist the crime victim through the judicial process.

Mohave County Attorney Victim/Witness Program
Volunteer Application

_____

Last Name First Name Middle Initial

Street Address: _____

City:_____ State: _____ Zip Code: _____

Mailing Address (if different than Street Address):_____

City: _____State:_____Zip Code:_____

Home Phone number: _____ Cell Phone number: _____

Work Number: _____ Email Address: _____

Are you 18 years of Age or Older: Yes No Date of Birth: _____

Person to contact in case of emergency: _____

Street Address: _____

City:_____ State: _____ Zip Code: _____

Home Phone number: _____ Cell Phone number: _____

Work Number: _____ Email Address: _____

Why would you like to Volunteer with the Mohave County Attorney Victim/Witness Program?

_____

_____

Are there any types of crimes you would rather not work with? (i.e. homicide, family violence, sex crimes, etc.) _____

When are you available to volunteer/intern?

Start date: _____

Specific days: _____

Specific hours: _____

How did you learn about this position? _____

Are you related to any employee or former employee of Mohave County and/or Superior Court in Mohave County? If so, please provide their name and the type of relationship.

_____

Please indicate any additional knowledge, skills, education, or other experience and/or training that you feel would especially qualify you for this volunteer position.

_____

_____

Have you been convicted of a felony or misdemeanor, in any state, within the last seven (7) years?

Yes: No:

If you answered "yes", please explain the nature of the conviction(s), date(s), and the circumstance surrounding the conviction.

_____

_____

Please provide three (3) references:

1. Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

2. Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

3. Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Relationship: _____

I understand any references listed will be contacted. I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge.

_____ _____

Signature Date

Volunteer Agreement

1. You understand Mohave County Attorney Victim/Witness Program will conduct a background check? YES NO

2. You agree to be fingerprinted? YES NO

3. You agree to attend and complete the volunteer training program? YES NO

As a volunteer, I understand the Mohave County Attorney Victim/Witness Program requires a completed application, an interview, a background check, fingerprinting and a photo for picture identification. I understand this is volunteering is not a paid position and no monetary reimbursement will be made by Mohave County Attorney Victim/Witness Program. I understand as a volunteer I am not entitled to any benefits which are provided to Mohave County employees. I further understand as a volunteer I am obligated to comply with the Employee Policies and Procedures of the Mohave County Attorney Victim/Witness Program. I understand the Mohave County Attorney Victim/Witness Program works with sensitive and confidential information which I will be unable to discuss with others excluding Law Enforcement, the Prosecutor, the Victim/Witness Coordinator, the Volunteer Coordinator, and the Victim Compensation Program Advocate or I will be terminated immediately. I also understand that working as a volunteer carries no promise of future employment with this agency.

_____ _____

Signature Date